

personal history

A ♂, ♀ patient named , years old, living in , works as..... , single/ married/ divorced/widow since (she has children , last one since) , (menarche is at years old , regular/irregular , he/she does not smoke/smokescigarettes per day , alcoholic/not alcoholic , (swims in canals)

complaint

He/She complains from abdominal swelling/dyspepsia/vomiting of blood/bleeding per rectum/black tarry stools/generalized abdominal distension/ subcutaneous bleeding/fainting attacks/urinary track trouble/pain in Rt hypochondrium

analysis of complaint

in case of pain

pain starts with sudden/acute/gradual/accidental onset , progressive/regressive/stationary/Intermittent course , for weeks/months/years . it is located in Rt hypochondrium/epigastric region/ Lt hypochondrium/Rt lumbar/umbilical region/Lt lumbar/RT iliac/suprapubic region/Lt iliac region Pain is of dragging/stitching/dull aching character . It is minimal/moderate/severe . Radiates to Aggravated by , relieved by

in case of swelling

Swelling starts with sudden/acute/gradual/accidental onset , progressive/regressive/stationary/Intermittent course , for weeks/months/years . it is located in Rt hypochondrium/epigastric region/ Lt hypochondrium/Rt lumbar/umbilical region/Lt lumbar/RT iliac/suprapubic region/Lt iliac region it is of size , painful/not painful . It is mostly caused the patient has/doesn't have other swelling.associated symptoms

in case of other complications

the patient has/doesn't have fainting attacks , subcutaneous ecchymosis & bleeding tendencies ,repeated infection , hematemesis (it hasonset, attacks,.....in amount,he/she took as ttt) , melena , bleeding per rectum , fever .

GastroIntestinal & urinary symptoms

GIT : The patient have normal/..... taste . He/She has/doesn't have dysphagia (which occurs at the level of , to fluids/solids/both , with intermittent/progressive course . The patient has/doesn't have hematemesis . Patient's appetite is normal/lost/increased He/She suffers/doesn't suffer from vomiting (vomiting occurstime /day ,in amount ,in color ,in odor , contains There is/is no heart burn , water brush , melena , bleeding per rectum . Defecation of the patient is normal/more frequent/less frequent , normal/ ↑ / ↓ in amount ,in color ,in odor , contains There is/is no abdominal distension , dyspepsia . there is/is no jaundice , edema & ascitis , bleeding tendency , gynecomastia , loss of libido , spider naevi ,palmer erythema , ammonia encephalopathy
Urinary : urine of the patient is normal/ ↑ / ↓ in amount , in color , in odor , contains Act of micturition of the patient shows/doesn't show difficulty , urgency , strangury , precipitancy , hesitancy , intermittency , dribbling . The patient shows/doesn't show uraemic manifestations

past & family history

He/She was/wasn't suffering from a similar condition . was/wasn't admitted at hospital before (this occurred) . she had/didn't have operations before . He/She took/didn't take blood transfusion . He/She was/wasn't having bilharziasis,typhoid,malaria,hepatitis,leukemia,hemolytic anemia . He/She has/doesn't have hypertension,diabetes,heart disease . there is/is no history of drug allergy . In the patient's family, there is no hemolytic anemia , bilharzial splenomegaly .

general examination

He/She has normal/hippocratic/toxic/earthy facies , posture , he/she is alert/confused/drowsy , he/she is average weight/overweight /under weight . He/She has/doesn't have cachexia
Temperature is C , pulse is/minute and is..... , blood pressure is /... mmHg , respiratory rate is /minute & is There is/is no swelling in his/her scalp . eye shows/shows no jaundice,pallor,lid edema . lips shows/shows no cyanosis,pallor . tongue shows/shows no tremors,pallor,cyanosis,wasting,glossitis,dry coated . Mouth has/doesn't have foeter hepatitis,stomatitis.
Head shows/shows no spider naevi,endemic parotitis
Examination of neck veins shows , of thyroid shows , of cervical LNs shows , there is/is no spider naevi in neck .
Examination of upper limb shows/doesn't show palmer erythema , flapping tremors , spider naevi , clubbing of nails . radial pulse is axillary LNs are normal/shows
Examination of lower limbs shows/doesn't show edema , ulcers , allergic rash , LNs are normal/shows , pulses are
Examination of chest shows
Per rectal examination shows
Examination of back & scrotum shows

local abdominal examination

inspection

Subcostal angle is acute/right/obtuse . Epigastrium shows/doesn't show pulsation , impulse on cough . There is/is no diverication of recti with/without malgaign's bulging . Umbilicus is located midway bet symphysis pubis & xyphoid process/upward shifted/downward shifted , umbilicus is inverted/flat/everted , there is/is no umbilical impulse on cough , pigmentation exists/isn't present around umbilicus , there is/is no discharge from umbilicus (discharge is pus/bile/blood/feces/urine) . Pubic hair distribution is masculine/feminine .
Abdomen is flat/scaphoid/distended . Examination of hernial orifices reveals no hernias/presence of hernia in there are/is no dilated veins . Abdominal wall moves abdominothoracic/moves thoracoabdominal/shows no movement . Scars of previos operations are/are not detected . Examination of the back & scrotum reveals

palpation , percussion , auscultation & PV,PR examination

SUPERFICIAL PALPATION : there are/is no superficial masses , rigidity , tenderness
DEEP PALPATION : LIVER : upper border of Rt lobe is percussed at 5th/6th/... intercostal space , lower border of Rt lobe is palpated at /not palpable , lower border of Lt lobe is palpated/not palpable , surface of liver is tender/not tender , smooth/nodular .
SPLEEN : spleen is not palpated/palpated at **KIDNEYS :** Rt , Lt kidney is not palpable/palpated I can/can't insinuate my fingers below costal margin in Lt hypochondrium . Traube's area is dull/resonant . course of Lt hypochondrial swelling is completely dull/dull with a band of resonance . Percussion of abdomen produces complete dullness/shifting dullness/dull in umbilicus/resonance
AUSCULTATIONS : Intestinal sounds are normal/hyperaudible/absent . there is no venous hum , bruit , murmurs .
PV/PR EXAMINATION : There is/is no apeliabdominal mass . there is/is no intestinal obstruction